



MISSOURI DEPARTMENT OF REVENUE
DIVISION OF TAXATION AND COLLECTION
PO BOX 811, JEFFERSON CITY, MO 65105-0811
SCHEDULE A — CIGARETTE RECEIPTS

FORM
266
(REV. 11-2003)

WHOLESALER

MONTH OF

, 20

PAGE

OF

INSTRUCTIONS: LIST ALL SHIPMENTS RECEIVED DURING THE CALENDAR MONTH.

If you have questions or need assistance in completing this form, please call (573) 751-7163 (TDD 1-800-735-2966) or e-mail excise@dor.mo.gov.
You may also access this form from the Department's web site: www.dor.mo.gov/tax/business/excise/tobacco/forms/.

CHECK THE TYPE OF PACKS YOU WILL REPORT ON THIS SCHEDULE — ONE TYPE ON A SCHEDULE.

☐ **TWENTY PACKS**

☐ **TWENTY-FIVE PACKS**

DATE RECEIVED	INVOICE NUMBER	NUMBER OF PACKAGES						*SPECIFY FROM WHOM PURCHASED
		BROWN AND WILLIAMSON	LIGGETT AND MYERS	P. LORILLARD	PHILIP MORRIS	R.J. REYNOLDS	OTHERS*	
1. SUBTOTAL — CIGARETTES PURCHASED (THIS PAGE)								TOTAL (THIS PAGE)
2. TOTAL CIGARETTES PURCHASED (ALL PAGES)								TOTAL (ALL PAGES)
PROMOTIONAL CIGARETTES RECEIVED FROM MANUFACTURERS								
3. SUBTOTAL—PROMOTIONAL CIGA- RETTE RECEIVED (THIS PAGE)								TOTAL (THIS PAGE)
4. TOTAL—PROMOTIONAL CIGA- RETTE RECEIVED (ALL PAGES)								TOTAL (ALL PAGES)